

Washington State School Based Medicaid Administrative Match Manual

Revised September 2008



School Based Medicaid Administrative Match (MAM) Manual

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Section I – Time Study Process Overview

Process Overview Steps

- STEP 1** School districts that choose to participate in the MAM program first contract with the Health and Recovery Services Administration (HRSA). The contract is referred to as an Interlocal Agreement.
- STEP 2** The contracted school district appoints a MAM Coordinator for the district.
- STEP 3** The district determines which staff to include in the participating eligible staff list and uploads the list into the MAM automated system.
- STEP 4** The coordinator develops a process for training those staff on the time study forms and is responsible to distribute, verify, collect and input completed forms into the automated system.
- STEP 5** The coordinator ensures the calendar and staff contract information are loaded into the automated system by the appropriate due dates.
- STEP 6** Participating staff complete a time study each quarter and submit the time study form to the building supervisor within five days of the completion of the time study.
- STEP 7** The building supervisor reviews, approves, and signs the time study forms and submits them to the coordinator within five days of the completion of the time study.
- STEP 8** The coordinator reviews and approves the time study forms and reimbursement that is claimed.
- STEP 9** The coordinator generates the A19, obtains the authorized signature and submits the A19 to HRSA for reimbursement. Copies are not acceptable.
- STEP 10** In the final Quarter (April-June) the Local Match Worksheet and Certification Form are submitted with the A19.

Section II – The Time Study

Time Study Program Checklist

Annually

- _____ Upload participating eligible staff list into automated system
- _____ Upload school year calendar into automated system
- _____ Train all participating eligible staff on time study process
- _____ Final Quarter (April-June) – Local Match Worksheet and Certification form must be submitted with the A19

Quarterly

- _____ Obtain random time study days for the Quarter and inform MAM of any schedule conflicts within 2 working days of the start of the Quarter
- _____ Ensure all participants have been properly trained
- _____ In the automated system, verify salaries and benefits for participants
- _____ Review, process and submit the A19
- _____ Update audit file with current documentation

For Each Time Study Day

- _____ Ensure all participating staff receive a time study form for an upcoming time study day, *no more than 5 working days in advance*
- _____ Building supervisors review, verify and sign (in ink) time study forms within 5 working days of the completion of the time study
- _____ Ensure time study data is entered into the automated system

Time Study Program Process

The time study is a method of measuring staff time and the percentage of time spent on MAM activities. It serves as a basis to allocate staff costs that should be attributed to Medicaid reimbursable activities, reflecting actual duties and responsibilities of participating staff. The following steps detail the time study process.

Step A. Using the codes below, determine the list of participating eligible staff and upload into the automated system.

Included Staff

Program Codes*		Activity Codes*	
01	Basic Education	21	Instructional Program Leadership (Supervision)
21	State Special Education	23	Management and Coordination (Principal's Off.)
31	State Vocational Education	24	Counseling and Guidance
34	Middle School Career and Tech Education – Basic	26	Health Related Services
45	State Skills Center	27	Teaching
55	State Learning Assistance Program	28	Extracurricular
58	Special and Pilot Programs		
63	Promoting Academic Success		
65	State Transitional Achievement		
66	State Student Achievement		
74	Highly Capable		
79	Instructional Programs		

Included staff reported in the S275 with the codes listed above is eligible to participate in the time study. The district should evaluate assigned duties and activities of staff to determine which are reasonable or appropriate to participate.

Staff listed in the **staff and security** section of the automated system **MUST** receive a time study form for each time study day. The only exception is in districts with 150 or more participating/non-designated staff. Those staff will be included in a random selection process and will receive time study forms only if selected.

Staff reported in the S275 or payroll in any of the codes listed below cannot participate in the time study. These staff should **NOT** be entered in the **staff and security** section of the automated system.

Non-included Staff

Program Codes*

24, 26, 29, 38, 46, 51, 52,
53, 54, 56, 57, 61, 64, 67,
68, 69, 71, 73, 76, 77, 78,
81, 86, 88, 89, 97, 98, 99,
CP, SB

Activity Codes*

11, 12, 13, 14, 22, 25, 41,
44, 51, 52, 53, 61, 62, 63,
64, 65, 67, 72, 73, 74, 75,
91, CP, SB

*The codes in all four tables above are from the OSPI Appendix A of the S275 Personnel Reporting Instructions for School Year 2007-08, page 69.

Step B. Training Participants

NOTE: All staff listed in the staff and security section of the automated system must be trained as participants

Training must include:

- Available Medicaid services
- The Medicaid application process
- The distinction between performance of administrative activities and direct medical services
- How to complete the time study form
- How to report activities under the appropriate time study code, and
- Where to obtain technical assistance if there are questions

The coordinator must document that staff were trained by maintaining rosters that include names and dates.

Step C. Upload Data into the Automated System

Participating Staff List and Designated Staff

The district enters the list of participating staff at the beginning of the school year and verifies/updates the list quarterly.

Designated Staff – Those with primary Medicaid administrative responsibilities; e.g., nurses, counselors, psychologists, and therapists who:

- Coordinate with other agencies and community partners
- Perform outreach to identify and assist potential Medicaid clients
- Assist families with completing Medicaid applications
- Develop and plan methods to increase access to Medicaid services

When entering the list of staff, districts distinguish the designated staff by selecting the **designated** box in the **staff and security** section of the automated system.

☐ **Designated**

Placeholder Staff

A district can independently revise staff list “placeholder” information after the automated system has locked the staff list for the Quarter. Up to ten percent (10%) of staff can be selected by the district in the automated system as “Placeholder Staff” before the list is uploaded to the system.

To revise staff list “placeholder” information after the initial staff list has been uploaded in the automated system for the Quarter, the district should:

- Log onto the automated system and select the **staff and security** section
- Enter individual staff information for staff eligible to participate
- Select the “Designated” box only if the district has determined the staff member to be designated staff for the time study; and

- Select the “Placeholder” box only when the school district determines the staff member’s information is “placeholder” information it wants to revise later.

☐ **Placeholder**

When the “Placeholder” box is selected, the district can revise the “placeholder” staff information, after the list has been submitted for the Quarter and locked by the automated system.

Concerning the 10% limit on placeholder markers:

- Each time a coordinator saves a placeholder, the percentage is recalculated; once they reach 10% the placeholder box becomes disabled preventing any further use for that school year/quarter staff list.
- An indicator appears next to the placeholder box (just like the designated box indicator) which shows the current percentage.

Once a name is entered for a previously-saved “placeholder,” that placeholder mark is removed.

NOTE: If the district removes the placeholder mark and saves the action in the automated system, the district cannot re-establish the placeholder after the Random Staff has been generated. The only way for the district to then establish a placeholder is to contact the DSHS HRSA MAM program manager with a request.

Salary and Benefit Data

The automated system provides three options for coordinators:

- Manual data entry using the web interface
- Copying the previous Quarter’s data already in the system
- Uploading data from a PC at the district (payroll extract) into the automated system

Coordinators may contact MAM for any needed assistance.

Local Matching Funds

The district ensures only matchable funds are used to calculate a claim. Unmatchable funds are those that are federally funded or reimbursed, that are earmarked/targeted for other uses, or will be used for match against another program. All staff contract information that is unmatchable must be deleted from the automated system. The S275 program codes generally correspond to funding sources and can be helpful in indentifying unmatchable funding.

Note: Please see Staff and Security Information below, and page 17, Local Match Certification for more detailed information regarding local matching funds.

For staff partially federally funded, salaries need to be reduced by the amount impacted by the federal funding source. The associated benefit amount is also reduced.

Staff and Security Information

The district ensures:

- Only participating eligible staff are uploaded into the automated system
- Designated staff is identified by selecting the box marked **designated**
- Placeholder staff is identified by selecting the box marked **placeholder**
- Annual staff contract information is accurately completed for each participating staff
 - Contracted days are those for which the employee is paid. This includes days when the employee is not required to be on the job but pay and/or leave is not reduced; e.g., a snow day. This does not include holidays or days when school is not in session
 - The district determines which salaries and benefits to include. The funds must be available to be used for local match and cannot be from a federal program or have been used to match another program. Consider whether the employee's duties associated with the contract funds is reasonable to be included; and if performance of the assigned duties under the contract will reasonably allow for Medicaid activities to be performed.

- When including a portion of an employee's annual salary, include only the benefits associated with the contracted salary. Base contracts are often divided between programs, so associated benefits should also be divided. Supplemental contracts often do not include additional benefits; therefore, no reduction of benefits is required. Benefit packages sometimes contain incentives. These additional costs are allowable, if the funds are matchable.
- For supplemental contracts, include salaries and benefits that reflect payment for time included in the time study. Non-school days won't be included and no adjustment will be required for these if entered on your calendar.

Example: If supplemental contracts apply only to after school time, include the after school time on the time study forms under **hours worked**, -or- don't include the supplemental contract in the **staff and security** section of the automated system.

School District Calendar Data

RCW 28A.150.030 – School day.

A school day shall mean each day of the school year on which pupils enrolled in the common schools of a school district are engaged in educational activity planned by and under the direction of the school district staff, as directed by the administration and board of directors of the district.

In late July each year, MAM will establish a default calendar with a begin date of September 1 and end date of June 30. All national holidays and weekends will be designated as non-school days. A default holiday break and spring break will also be assigned.

By August 1st of each year, the district coordinator inputs school year calendar data, including all non-school days. Designated non-school days will be excluded when the time study sample is run.

Each Quarter, time study day selection will be run, using the calendar as it exists on the scheduled day. Since Quarter start dates vary by district, MAM will conduct the selection run 10 working days prior to the earliest Quarter start date.

The coordinator checks the automated system before the Quarter start date to ensure a non-school day has not been selected. If an error has occurred, the coordinator contacts the MAM program manager.

Updating Calendar Data

NOTE: Additional information and direction can be found in the Automated System Users Guide. See **Section V** of this manual.

1. Log on to the automated system at <http://admatchMAM.dshs.wa.gov>
2. Select **Calendar** tab on the main menu at the top of the screen
3. Select the correct school year
4. Go to the calendar
 - To add an item, select **Add a Calendar Item**. From the drop down box, select a type of break or non-school day. Next select begin and end dates for the break type.
 - To change the dates of a break or non-school day, select **Edit** and enter the correct begin and end dates. (All breaks must have a begin and end date, even if it is the same date.)

Obtaining Eligible Selected Staff and Time Study Days

Small Districts (<150 staff)

The list of participating eligible staff in the automated system serves as the staff list for small districts.

Large Districts (150 or more staff)

MAM generates and posts time study days and participating staff for large districts to the automated system 10 working days prior to the start of the Quarter.

Staff listed in the automated system, and not marked as designated, are part of a random selection process.

Prior to the start of the Quarter, the coordinator reviews the time study days and list of selected staff in the automated system. Go to **Reports**, select **Time Study Days** or **Participating Staff**. If there are any problems regarding selected days or staff, the coordinator notifies MAM within the first two working days of the Quarter.

Replacement Staff

When large districts need replacement staff, the coordinator submits an email request to MAM staff within 2 days after the start of the Quarter. (Replacements and adjustments will be limited to unforeseen circumstances.)

Replacement Days

When a replacement day is needed, the coordinator submits an email request, with an explanation, to MAM staff within 2 working days following a missed time study day. MAM will notify the coordinator of the replacement day or a reason for a denial. (Replacement days can be issued when an event has occurred that was not within the control of the district.)

Conducting the Time Study

Small Districts (<150 staff)

Small districts will distribute time study forms to each staff listed in the MAM automated system, for each time study day.

Large Districts (150 or more staff)

Large districts will conduct the time study as follows:

- Designated staff receive a time study form for each time study day *no more than 5 working days in advance* of the time study day
- Staff not identified as designated are part of a random selection and those selected receive a time study form for each time study day *no more than 5 working days in advance* of the time study day
- Time study forms must be reviewed, approved and signed (in ink, no stamps) by the building supervisor *no more than 5 working days after* each time study day

NOTE: Staff must complete the time study form for 100% of the activities conducted during the time study day.

Staff should NOT change their normal activities, but should conduct their normal routine and respond to events as they would any other day.

Time Study Form Instructions

For Coordinators

Ensure the time study forms, instructions and quick reference guides are distributed to all participants at the correct time. At the start of each Quarter, five random time study days are identified by MAM staff and posted on the automated system. The coordinator must access the system in order to obtain the selected days. In preparation for each time study day, ensure that all participating school staff are notified and that forms are distributed *no more than five working days in advance*. Collect and sign all time study forms within five working days after each time study day. Please use ink to complete and sign the form, no stamps.

For Supervisors

Participants may be informed of the time study day *no more than five working days in advance*. Distribute the time study and related forms. In order to participate, staff must be trained on allowable activities and how to complete the time study form. Within five working days after each time study day, collect, review and verify by your signature the completed time study forms. Please confirm with the participant that any changes made to the time study form are appropriate. Changes must be initialed by the participant. Please use ink to complete and sign the form, no stamps.

For Time Study Participants

Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities. This is important to the accuracy and validity of the time study. The left hand side of the form lists activity codes and brief identifiers of the types of activities under each code. For your time spent in Codes 3, 4 and/or 10, **only** fill in the total time spent for those activities. For time spent on activities in all other codes, use the Tick Mark column. Each tick mark represents a **consecutive** 15-minute increment of time. In order to record a tick mark (representing 15 minutes), the participant must spend at least 7 ½ **consecutive** minutes doing the same activity. *A brief narrative describing the activity is required for all "b" codes.* At the end of the day, total the tick marks and total the time. Next, total the hours. Account for all time worked, which can be less than your contracted hours; however, total time worked and total time tracked must match. After completing the time study form, sign and date the certification and promptly return the form to your supervisor. Please use ink to complete and sign the form, no stamps.

See sample completed Time Study Form below:

CODE IDENTIFIERS	TICK MARKS	NARRATIVE DESCRIPTION FOR "b" CODES	Total Time
Code 3: Education School-Related Activities			5.0
Code 2b: Facilitate Applications	III I	Assisted in filling out Medicaid Application	1.25
Code 5b: Facilitate Transportation	II	Called Transportation Broker	.5
Code 7a: Program Planning, Policy Development	III		.75
Total paid time this day: 7 hrs. 30 min Total hours tracked this day: 7 hrs. 30 min TIME TOTALS ABOVE MUST MATCH			7.5

REMINDER: A brief narrative describing how the activity is Medicaid related is required for "b" activity codes.

Entering Data in the Automated System

Time Study Form Data

The coordinator ensures all time study data are entered into the automated system. A staff person may be designated to perform the data entry if the coordinator sets up limited system access for other users on the system.

When a participating staff turns in a completed time study form without Medicaid claimable time, the time must be entered into the Automated System. The time study results should be documented and documentation should support the results for all activity codes. The time study sheets must be retained on-site for six years as required by the Interlocal Agreement and state and federal regulations.

When a participating staff does not turn in a completed time study form, the school district is required to enter the participant's paid time for the time study day into the School-Based Medicaid Administrative Match Automated System. Activity codes for that time are limited to:

- Code 3: Educational and school related activities
- Code 4: Direct medical services

CAUTION! -- Activity code 10 is ***not*** allowed.

The district should maintain a record of the information entered with the original time study forms for monitoring/audit purposes.

NOTE: Staff listed as participating staff, or in Program 97 can't claim for coordination or data entry. See **Instructions on Claiming for Operating Costs** below:

Instructions on Claiming for Operating Costs

"Operating Costs" means the costs related to staff time, supplies, and/or contracted agents performing functions which are required to operate the Medicaid Administrative Match (MAM) program or time study. These functions include:

- Accessing the Medicaid time study form(s) and making copies for distribution
- Distributing the time study forms to participating staff
- Collecting the completed forms and reviewing for signatures
- Inputting the time study data into the automated system
- Accessing the automated system, verifying, and updating calendar information
- Accessing the automated system Quarterly, updating, and verifying staff and security information
- Collecting training Rosters and other audit file documents

Functions/Expenses NOT Allowed:

- Agents paid on contingent or percentage of the MAM claim
- Costs for staff performing the above operations, if included in the overhead or indirect rate calculation
- Staff participating in the time study claiming for operating costs, regardless of whether they have MAM activities for the period

- Operational activity performed not related to MAM claiming, or part of the normal responsibilities of the staff
- Staff performing the operational activity, if paid out of federal funds

Documentation Requirements:

Any claim made for reimbursement of operating costs must be supported by accounting records, such as:

- Time logs and payroll reports
- Payment documents to claiming/billing agents, contracted staff, etc. that detail the dates and functions performed
- Contract or agreement with agents, etc. stating the period of performance, rate of payment and services rendered for the fees
- Receipts for expenditures

When claiming for operating costs, complete the Operating Costs Worksheet in the MAM automated system. Costs must be claimed on the A-19 for the period in which they occurred.

The MER needs to be applied to this activity. All reimbursement is subject to the 50% FFP.

Review and Approve the Time Study

The coordinator reviews the entered time study data for completeness, accuracy and readiness for the A19 calculation. There are many tools in the automated system the coordinator can use to review it. See page 31 of the **Automated System User's Guide** in **Section V** of this manual.

The coordinator then emails MAM to request review and approval of the time study data. The claim will be examined by MAM staff. When completed, MAM staff will notify the coordinator whether the claim is approved or rejected. If rejected, the MAM program manager will submit questions to the coordinator for further clarification before the time sheets are unlocked.

After receiving final MAM approval, the district generates and prints the A19. NOTE: The submitted claim (A19) doesn't require a back-up report. The automated system will retain this information.

Submit the A19 for Reimbursement

The district reviews, signs (in ink, no stamps), and mails the original A19 to MAM. Copies must be retained on site by the district. The MAM program

manager verifies the A19 and authorizes payment. It is then sent to HRSA fiscal staff for payment.

MAM fiscal staff records the date the A19 is received in the fiscal office into the automated system. Payment is issued within 30 working days of this date of receipt.

Annual Local Match Certification

DSHS Administrative Policy 19.50.02 requires contractors to:

- Identify the type and source of funds used for local match
- Report local funds match information to DSHS annually

The Local Match Certification form (DSHS 06-155) and Local Match Worksheet have been developed for contractors to report the type and source of funds used for local match. Templates and samples of these documents can be found at the following web link for your use:

http://fortress.wa.gov/dshs/maa/mam/school/school_home.html

- Local Match Worksheet (with instructions)
- DSHS Form – Local Match Certification, DSHS 06-155

Your school district must submit the Local Match Certification form and accompanying Local Match Worksheet annually along with the signed A19 for the final Quarter of the contract's annual billing cycle. This is the A19 for the third Quarter of the school year (April-June). The final Quarter A19 will not be processed for payment prior to HRSA obtaining the Local Match Certification form and Worksheet.

Please be aware that your fiscal records and all required back-up documentation are subject to random audit by HRSA, the Washington State Auditor's Office and the federal Centers for Medicare and Medicaid Services.

The following guidelines are provided regarding how a district can be prepared in the event of a random or scheduled audit:

MAM Program Audit File

To assist school districts in preparing for on-site monitoring and state or federal audits, we recommend creating a MAM Program Audit File. We suggest that the district place the documents listed below (excluding time study forms) in an audit file binder that can be easily referenced.

Time study forms need to be kept on-site but due to their bulk, we don't recommend keeping them as part of the actual audit file binder.

Below is a list of documents the district needs to have available. All information must be maintained on-site for a minimum of six years. The MAM Program along with state and federal auditors may request to see this information at any time.

You should ensure the following **current** documentation is included in your district's MAM Audit File:

- ☐ **1. All MAM training documentation including:**
 - ✓ Rosters of trainings with date, staff names and initials
 - ✓ For each training event, a list of trainers and **all** training used to train time study participants. This includes all consultant training materials.

- ☐ **2. Copies of job descriptions for staff participants using Code 7.**
 - ✓ Job description should include program planning, policy development and interagency coordination

- ☐ **3. Copy of the completed Local Match Certification Form DSHS 06-155 and the Local Match Worksheet.**
 - ✓ For more information and to download a form, go to: http://fortress.wa.gov/dshs/maa/MAM/school/school_home.html

- ☐ **4. Copies of billing documentation including:**
 - ✓ Time study forms for all staff participants (front and back)
 - ✓ A copy of all A19-1A Invoice Vouchers
 - ✓ Original signed MAM Interlocal Agreement (contract)

- ☐ **5. Results from MAM Staff Time Study Desk Review:**

Only school districts that have been asked to submit their time study forms for review will receive a copy of this spreadsheet. It must be retained.

☐ **6. Copies of all audit reports including:**

- ✓ MAM Audit Report(s)/Corrective Action Documents
- ✓ State or Federal Audits/Corrective Action Documents

☐ **7. Copies of any contracts with:**

- ✓ Medicaid Administrative Match (DSHS/HRSA)
- ✓ Consultants/Billing Agents
- ✓ Washington Apple Health For Kids
- ✓ Outreach Organizations
- ✓ Health Jurisdictions
- ✓ Health Departments

8. Detailed information about the storage location of Time Study Forms and how to access them.

For questions about the MAM Audit File or MAM in general, please contact your MAM Program Manager.

Section III – Coverage and Eligibility Overview

Medicaid Basics

Apple Health for Kids

This section is a summary. For more information about **Apple Health for Kids**, call the HRSA Customer Service Center at 1-800-562-3022 or visit <http://fortress.wa.gov/dshs/maa/Eligibility/HealthKidsNow.html>.

Students under age 19 who fall in one or more of the following categories may qualify for health care services through **Apple Health for Kids**:

- Students whose families' countable income is at or below 200% of the Federal Poverty Level (FPL) (\$3534/mo for a family of 4)
- Pregnant teens (may apply on their own)

Students and their families who meet one of these criteria may contact the local DSHS Office for additional information or to apply. Local offices contact information can be found at:

<https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>

Students may live in many different situations and qualify for **Apple Health for Kids**. Examples include:

- Children in single or two parent households
- Children with working or non-working parent(s)
- Children living with relatives, other families, or friends
- Children who are homeless
- Children who are living alone

Please refer to the following table of family size/income levels (this amount is updated each April):

Number of People in Family (parents & children)	Apple Health for Kids Free Health Insurance (approximate income per month)
1	Up to \$1,734
2	Up to \$2,334
3	Up to \$2,934
4	Up to \$3,534
5	Up to \$4,134
More	Add \$600 for each additional family member

There is also a program called “Employer Sponsored Insurance” (ESI) premium payment program. Families whose children receive Apple Health for Kids who also have private insurance for their children may qualify for the state to pay the private insurance premium. **For information, call 1-800-562-6136.**

Students/children eligible for **Apple Health for Kids** receive the following primary services (this list is not all inclusive):

- Doctor, nurse, and emergency room visits
- Dental
- Prescriptions
- Vision and auditory services
- Mental health
- Family planning
- Substance abuse
- Physical and speech therapy
- Durable medical equipment
- Transportation and interpreter services
- Pregnancy services for students under age 19
- Well-child exams

Application Pathways

There are 3 pathways for making Medicaid applications:

- Family medical benefits
- Children up to 250% FPL (includes pregnant teens up to age 19)
- Pregnant women (19 years of age or older)

When assisting with applications remind families that only DSHS can determine eligibility. This is done through the local DSHS Office (CSO). Encourage them to contact their local DSHS Office.

There is an on-line application service at www.onlinecso.dshs.wa.gov.

Section IV – Tracking and Coding Scenarios

Tracking Activities

Codes – In Order of Sequence on Time Study Form

Codes	Activities
3	Educational and School-Related Activities
4	Direct Medical Services
10	System Support, Personal Time, MAM Training
1a / 1b	Outreach
2a / 2b	Facilitating Applications
5a / 5b	Transportation
7a / 7b	Program Planning, Policy Development and Interagency Coordination
8a / 8b	Training
9a / 9b	Referral, Coordination and Monitoring

Code Identifiers and Sample Scenarios for Coding

Scenarios in this manual represent activities that may occur on a time study day. If an activity does not happen on the time study day, it must NOT be marked on the time study form.

Code 3 – EDUCATIONAL AND SCHOOL-RELATED ACTIVITIES

Use this code for school-related activities, including but not limited to: normal or regular assigned duties, educational services, teaching services, social services, employment and job training, and other activities that are not Medicaid-related. These activities also include development, coordination, and monitoring of student's educational plans. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 3 Examples:

- Provide classroom and/or individualized instruction
- Perform social and educational services activities
- Evaluate curriculum, policies or instruction
- Develop, coordinate and monitor IEP goals
- Attend IEP meetings
- Supervise students outside of the classroom
- Carry out student discipline
- Monitor immunization compliance
- Obtain student registration information

Further references:

- CMS Guide Page 26-27 in **Section VI** of this manual

Scenario one:

Activity: Ms. Nancy, the school nurse, reviews the immunization records for students and finds that a student who is Medicaid eligible needs immunizations to remain in school.

Explanation: Reviewing and identifying the need for immunizations is recorded as Code 3 since it is part of Nurse Nancy's regular duties.

Narrative Optional

Scenario two:

Activity: Paul Power, the principal, must suspend Wanda for cursing at a teacher.

Explanation: The principal must classify time spent to discipline Wanda as Code 3 since it is part of his regular duties.

Narrative Optional

Scenario three:

Activity: A new student, Sam, has registered for school. The counselor Mr. Caring and Ms. Simone, the school secretary, are reviewing the student's file. They learn that Sam is Medicaid eligible.

Explanation: The time for this activity is recorded as Code 3. Reviewing files would be done for all students.

Narrative Optional

Scenario four:

Activity: The principal's secretary, Ms. Simone, types a behavior report for a student who is Medicaid eligible. The report will be sent to the parents and the principal.

Explanation: The secretary's time spent performing clerical activities related to student discipline issues is recorded as Code 3.

Narrative Optional

Scenario five:

Activity: The high school principal, Paul Power, is observing the school counselor for the purpose of evaluation.

Explanation: The principal uses Code 3 for his time evaluating staff.

Narrative Optional

Scenario six:

Activity: A teacher, Mr. Tommy, is attending a staff meeting on Wednesday afternoon on a time study day. Discipline procedures and rules are reviewed and then a presentation is given on Medicaid eligibility.

Explanation: The time Mr. Tommy spent reviewing discipline procedures and rules is recorded as Code 3.

However, Mr. Tommy's discussion time during the presentation on Medicaid eligibility is recorded as Code 8b.

Narrative Optional for Code 3

Narrative Required for Code 8b

Code 4 – DIRECT MEDICAL SERVICES

Use this code when providing care, treatment, and/or counseling services to a student. Code 4 also includes administrative activities that are an integral part of, or extension of, a medical service (e.g., patient follow-up, assessment, counseling, education or parent consultations and billing activities). Include related paperwork, clerical support or staff travel time required to perform these activities.

Also use this code for services generally available to all students without charge (free care); e.g., calling parents because a student is sick, providing routine health screenings and first-aid services.

Code 4 Examples:

- Provide care, treatment, and counseling services
- Perform physical or mental health assessments and diagnostic testing
- Deliver clinical services (first-aid, prescribed injections, immunizations or medications)
- Complete developmental assessments
- Provide health/mental health services identified in an IEP
- Assist with personal care or special procedures
- Deliver speech, occupational and/or physical therapies
- Conduct routine or mandated health screenings

Further References:

- CMS Guide pages 4, 20, 27, 28 in **Section VI** of this manual

Scenario one:

Activity: The district's physical therapist, Flo Flexible, serves a wheelchair bound child with multiple health related issues and has a 504 Plan. She spends a great deal of time coordinating these services, many of which are through Medicaid providers.

Explanation: Flo records her time as Code 4 because as a physical therapist, she is a direct provider of Medicaid services. The corollary services provided by a physical therapist are part of the direct Medicaid service, not administrative (MAM) activity.

Narrative Optional

Scenario two:

Activity: Jill, a Medicaid-eligible middle school student, is sent to the school nurse by a teacher. The nurse has her lie down and her temperature is taken. The nurse determines that Jill has a high fever and needs medical treatment. She calls her parents and tends to her until her parents arrive. Jill's parents take her to the doctor.

Explanation: The time the nurse spent with Jill is considered direct medical services that fall under "free care." These services are generally available to all students without charge. The time is recorded as Code 4.

Narrative Optional

Scenario three:

Activity: During a vision screening, the school nurse finds that Sally needs a complete eye exam. She calls Sally's parents to inform them.

Explanation: Vision screenings provided at the school are direct medical care available to all students without charge (free care). The follow-up (contacting parents) is a corollary part of the direct service. The nurse's time is recorded as Code 4.

Narrative Optional

Scenario four:

Activity: Jack falls off the swing at recess and breaks his arm. The nurse calls Jack's parents.

Explanation: First aid services and contacting parents are considered "free care." The nurse's time is recorded as Code 4.

Narrative Optional

Code 10 – PERSONAL TIME

Use this code when performing activities that are not directly related or assignable to staffs' educational program/duties or another activity code.

Code 10 Examples:

- Paid lunch
- Paid break
- Paid vacation
- Paid sick leave
- MAM time study training/refresher training

Code 10 activities are reimbursable.

Further references:

- CMS Guide pages 13, 22, and 135 in **Section VI** of this manual

Scenario one:

Activity: Ms. Maria, a kindergarten teacher, becomes ill and goes home after morning class. It is a time study day.

Explanation: Ms. Maria's sick-leave time for the day is recorded as Code 10.

Narrative Optional

Scenario two:

Activity: Mr. Flynn receives a 15 minute "refresher" on the MAM Time Study form on the first time study day.

Explanation: Mr. Flynn's time is recorded as Code 10.

NARRATIVE DESCRIPTIONS AND PARALLEL CODING

Adequate Narrative Descriptions for “b” Activity Codes

The Centers for Medicare and Medicaid Services (CMS) requires time study participants to record adequate narrative descriptions for “b” activity codes on time study forms. Although providing narrative descriptions for “a” activity codes is optional, sample “a” code narratives are included in the guide, to help time study participants build an understanding for “a” code activities.

To assist time study participants in recording adequate narrative descriptions, please see the following guide for samples of adequate “b” activity code narratives.

Examples of Brief Narrative Descriptions for School Based Medicaid Administrative Match (MAM) Time Study Forms

CODE	IDENTIFIER	“SAMPLE” BRIEF NARRATIVE
	Educational School Related Activities	
3	Regular Duties	No narrative necessary
	Direct Medical Services	
4	Provision of care, treatment/ patient follow-up, counseling services and related admin/ clerical activities	No narrative necessary
	System Support Or Personal Time	
10	Paid lunch, breaks, vacation, sick leave, MAM Training	No narrative required
	Outreach	
1A	Inform students/families about general health education, wellness and prevention programs, IDEA and child find	<ul style="list-style-type: none">• Shared info on community health program with parent support group• Referred family to Child Find for toddler who is developmentally delayed
1B	Inform students/families about Medicaid and Medicaid managed care and encourage access	<ul style="list-style-type: none">• Gave info and Medicaid app to family• Gave Medicaid apps to 7 families attending back to school night• Provided pregnant teen w/ info about First Steps

	Facilitating Applications	
2A	Explain eligibility process and how to apply for non-Medicaid programs like IDEA, TANF & free/reduced lunches	<ul style="list-style-type: none"> Shared info about TANF and Food Stamps with family new to Washington Encouraged new family to apply for free/reduced lunch program
2B	Explain and assist students/families with Medicaid application process; verify current status	<ul style="list-style-type: none"> Assisted family in completing a Medicaid app Talked with mother to verify student is on Medicaid
	Transportation	
5A	Scheduling or arranging transportation not in support of Medicaid covered services (social, vocational, educational programs or activities)	<ul style="list-style-type: none"> Enrolled student in after-school transportation Arranged for bus for field trip to zoo
5B	Scheduling or arranging transportation to Medicaid covered services	<ul style="list-style-type: none"> Assisted family in accessing Medicaid transportation for the first time Called Medicaid transportation broker to arrange student's transportation to behavioral health appt
	Program Planning Policy Development And Interagency Coordination	
7A	Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health) screening, policy development, for school aged children	<ul style="list-style-type: none"> Met with staff from community college to facilitate high school student attendance at occupational fair
7B	Improving coordination/delivery/planning of medical/dental/chemical dependency/mental health services to children	<ul style="list-style-type: none"> Met with staff from local health dept to explore idea of establishing a school based health clinic Meeting with alcohol/drug treatment providers to discuss referral process for students with drug or alcohol problems
	Training (Participation In Or Coordination)	
8A	Improving delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs	<ul style="list-style-type: none"> Attended training: Meeting the emotional needs of children in special education Any training that results in CEU
8B	Training intended to improve delivery and referral to Medicaid related services, or improving early identification and referral for special health services like well-child exams	<ul style="list-style-type: none"> Conducted training: Medicaid services for children with special health care needs Trained staff on referral process with local clinic for Medicaid eligible students for well-child exams Attended training by local clinic on referral process for Medicaid eligible students for well-child exams

	Referral Coordination And Monitoring	
9A	Referrals for non-medical services or state education agency mandated child health screens (free care), (e.g. vision, hearing, scoliosis services)	<ul style="list-style-type: none"> • Referred family to local housing resources • Referred student to school nurse for vision screening • Referred student to school counseling for behavioral assessment
9B	Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse and family planning services	<ul style="list-style-type: none"> • Referred student to clinic for allergy evaluation • Referred student for substance abuse evaluation • Referred family to local dental clinic

Parallel Coding Between “a” and “b” Activity Codes

CMS also requires **parallel coding** between “a” and “b” activity codes on the time study form.

This means time study participants must record time for non-reimbursable activities in the appropriate “a” activity code, as well as time for reimbursable activities in the appropriate “b” activity code, when those activities take place on a time study day.

Recording time only in the appropriate 3, 4, and/or 10 activity code(s) is also required when time is used for one of those activities on the time study day (a narrative description is optional for 3, 4, and 10 codes).

CAUTION!

Recording “Cumulative” Time on Time Study Forms

The following direction is provided to clarify the issue of recording “cumulative” vs. **consecutive** time on the time study form.

In order to record a tick mark (representing 15 minutes), the participant **must spend** at least 7 ½ **consecutive** minutes doing the same activity.

For example, spending 5 minutes on a reportable activity, then doing something else for a period of time, and then spending another 5 minutes on the reportable activity **does not qualify**.

CAUTION!

Preplanning of Medicaid Outreach Activities

Pre-planning Medicaid outreach activities so the activity will occur on a randomly selected time study day **must not** be done.

For example, do NOT place an entry for code 8b on a time study form when the 8b activity is actually a **non-random** activity for that day.

Code 1 – OUTREACH

1a – NON-MEDICAID OUTREACH: General health education, wellness and prevention programs and Child Find activities

Use this code when performing activities that inform students/families about their eligibility for non-Medicaid programs and how to access them. This can be done face-to-face or by providing written materials. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 1a Examples:

- Inform students/families about eligibility for non-Medicaid social, vocational and educational programs (including special education)
- Identify children with special medical and/or educational needs through Child Find activities
- Schedule or promote activities that educate students/families about the benefits of healthy life-styles and practices
- Conduct general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, smoking cessation, alcohol reduction)

Further references:

- CMS Guide page 23-24 in **Section VI** of this Manual

Scenario one:

Activity: Several teachers at Valley High School have sent concerns to the school counselor about Jolly. They have seen signs of possible drug use. The counselor talks with Jolly and discusses the warning signs for alcohol and drug abuse.

Explanation: Time spent educating students about healthy life-styles and practices is recorded as Code 1a.

Narrative Optional

Scenario two:

Activity: Jolly continues to show signs of drug use. The counselor calls her parents to inform them of the school's concerns and about several local counseling or treatment centers.

Explanation: Time spent talking to parents about wellness programs available to their children is recorded as Code 1a.

Narrative Optional

Scenario three:

Activity: The Green Acres Middle School health teacher, Ms. Hightower, notices that many of her students are coming to class smelling like cigarette smoke. She decides to begin her curriculum with the hazards of smoking, drug and alcohol abuse. The unit also includes information about where students can get assistance to quit smoking. Some of the organizations who offer these services are Medicaid providers.

Explanation: Time spent using curriculum in the classroom to address healthy life-styles is recorded as Code 1a.

Narrative Optional

Code 1b – MEDICAID OUTREACH: Inform students/families about Medicaid services available and encourage access

Use this code when performing activities that inform students/families about Medicaid and how to access the program. Such activities include sending students/families to the local DSHS office for eligibility determination by DSHS staff.

REMINDER: Outreach may only be conducted for the populations served by the school district; i.e., students and their parents or guardians.

Code 1b Examples:

- Describe benefits and availability of Medicaid services to students/families

- Inform pregnant and parenting students about the availability of Medicaid prenatal and well-baby care programs and services
- Encourage students/families to access medical/dental/mental health Medicaid services
- Distribute HRSA-approved literature about the benefits, eligibility requirements, and availability of Medicaid, including preventive services under well-child screenings

Further references:

- CMS Guide page 24-25 in **Section VI** of this manual

Scenario one:

Activity: Martha Washington High School is planning Freshman Orientation for September. The school counselor, Carl Caring, wants to set up a Medicaid booth. He is concerned about the increasing number of students the school is receiving without medical coverage.

Explanation: If Carl's time in the booth occurs on a time study day, it is recorded as Code 1b. He is providing Medicaid outreach for incoming students/families.

Narrative Required

Example: *Medicaid booth at Freshman Orientation*

Scenario two:

Activity: The first grade teacher, Miss Crabtree, learns that Andy doesn't have medical insurance. She contacts his parents and informs them about the benefits of applying for Medicaid and having a medical home. The parents plan to go to the local DSHS office to apply.

Explanation: Miss Crabtree's time spent informing Andy's parents about Medicaid is recorded as Code 1b.

Narrative Required

Example: *Informed family about Medicaid*

Code 2 – FACILITATING APPLICATIONS

Code 2a – Facilitating Applications for Non-Medicaid Programs

Use this code when informing students/families about non-Medicaid programs, and referring them to the appropriate agency to apply, such as:

- Temporary Assistance for Needy Families (TANF)
- Basic Food (food stamps)
- Women, Infants, and Children (WIC)
- Day care
- Legal aid
- Other social or educational programs

Code 2a Examples:

- Explain the eligibility process for non-Medicaid programs, including IDEA
- Assist students/families in gathering information and assist them in completing non-Medicaid applications
- Verify eligibility for non-Medicaid programs

Further references:

- CMS Guide page 25 in **Section VI** of this manual

Scenario one:

Activity: Tiger Fields, the high school PE teacher, notices that one of his students, John, is continually asking other students for food or money. When he talks to John he learns that there is rarely food at home and both of his parents have lost their jobs. Mr. Fields calls John's parents and explains how they can apply for Basic Food. They meet with him at his office where he helps them fill out the application.

Explanation: The time Tiger spent informing John's family about Basic Food and assisting with the application process is recorded as Code 2a. The Basic Food Program is not Medicaid related.

Narrative Optional

Scenario two:

Activity: Sammy's parents were asked to attend a team meeting about his academic achievement. During the meeting, the team requested that Sammy be tested for possible special education services under IDEA. The principal, Mr. Dibble, explained how Sammy would qualify for these services. Later in the discussion Sammy's parents asked how to get Sammy some help for his anger outbursts. Mr. Dibble consults his Medicaid provider list and refers them to a Medicaid mental health provider.

Explanation: IDEA services are federally funded and not a Medicaid program. The time Mr. Dibble spends explaining to the parents how Sammy would qualify is recorded as Code 2a.

However, Mr. Dibble's time spent referring the family to a Medicaid provider is recorded as 9b.

Narrative Optional for Code 2a

Narrative Required for Code 9b

Example: *Referred student and family to Medicaid provider*

Code 2b – Facilitating Medicaid Eligibility Determination

Use this code when assisting students/families with completing Medicaid applications. Include related paperwork, clerical activities, or staff travel required to perform these activities. (Note: this activity does not include the actual determination of Medicaid eligibility.)

Code 2b Examples:

- Provide Medicaid application forms
- Explain and/or assist students/families with the Medicaid application
- Assist in gathering documentation for the Medicaid application
- Explain Medicaid eligibility rules and processes to students/families
- Refer a student/family to the local DSHS office to apply for Medicaid

Further references:

- CMS Guide page 25 in Section VI of this manual

Scenario one:

Activity: Carrie is a first grade student who continually complains about her teeth hurting. She is often unable to eat her lunch. Her teacher, Mrs. Floss, calls her parents about her complaints and finds that they have no dental coverage. They meet at school and Mrs. Floss assists the parents with filling out a Medicaid application

Explanation: The time Mrs. Floss spends helping fill out the Medicaid application is recorded as Code 2b.

Narrative Required

Example: *Assisted with Medicaid Application*

Scenario two:

Activity: Jan's family moves to the area two weeks after school starts. When the school secretary, Ms. Simone, helps her parents fill out registration material, she finds that the family is low-income and has no medical coverage. She takes Jan and her parents to the school counselor and tells the counselor that Jan might be eligible for Medicaid. The counselor registers Jan for classes and helps her parents fill out a Medicaid application.

Explanation: The time the counselor spent assisting Jan's parents with filling out the Medicaid application is recorded as Code 2b.

However, Ms. Simone's time spent taking Jan and her family to the counselor is an internal referral and is recorded as Code 9a.

Narrative Required for Code 2b

Example: *Assisted with Medicaid application*

Narrative Optional for Code 9a

Code 5 – TRANSPORTATION

Code 5a – Transportation for Non-Medicaid Services

Use this code when assisting students/families with obtaining transportation to services not covered by Medicaid, or accompanying them to services not covered by Medicaid. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 5a Examples:

- Scheduling or arranging transportation to social, vocational, or educational programs and activities

Further references:

- CMS Guide page 28 in **Section VI** of this manual

Scenario one:

Activity: Terry, who is on Medicaid, is having difficulty getting to school in the morning. He tells Mr. Caring, the school counselor, that the school bus stop is two miles away from his house. Mr. Caring calls the bus garage and verifies that Terry is right. Mr. Caring works with Paul Power, the principal, to get the route changed so Terry can be picked up near his house.

Explanation: The transportation is not for a direct Medicaid service, so this activity is recorded as Code 5a.

Narrative Optional

Code 5b – Schedule or Arrange Transportation to Medicaid Covered Services

HRSA contracts with transportation broker agencies statewide, to transport Medicaid eligible children and families to Medicaid covered services. Arrangements must be made in advance of the appointment, including the parents' permission for their child to use the transportation services.

Use this code when assisting a student/family with arranging transportation to services covered by Medicaid. This does not include the provision of the actual transportation or the direct costs (bus fare, taxi fare, etc.), but rather

the administrative activities involved in arranging transportation. Include related paperwork, clerical support or staff travel time required to perform these activities.

A statewide Transportation Broker list can be found at:

<http://fortress.wa.gov/dshs/maa/Transportation/NewPhone.htm>

Further references:

- CMS Guide page 28-29 in **Section VI** of this manual

Scenario one:

Activity: Jason needs to get to his appointment with his Medicaid provider or the provider will not renew his ADHD medication. Mr. Caring, the school counselor, calls the Medicaid transportation broker to set up the transportation.

Explanation: The time Mr. Caring spent arranging the transportation is recorded as Code 5b.

Narrative Required

Example: *Arranged brokered transportation for student*

Scenario two:

Activity: Julia's parents are frustrated with her for missing so many of her counseling appointments. Her excuses include not having a ride. The parents call Mr. Caring for assistance. He explains how to use the transportation broker to get Julia to her appointments.

Explanation: The time Mr. Caring spent explaining to the family how to get transportation for Medicaid covered services is recorded as Code 5b.

Narrative Required

Example: *Taught family how to use brokered transportation*

Code 7 – PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION

Code 7a – Program Planning, Policy Development and Interagency Coordination for Non-Medical Needs and Services

Use this code when developing strategies to improve the coordination and delivery of non-medical services to students. Non-medical services may include educational, vocational, social services, and state education mandated child health screenings provided to the general school population.

Code 7a Examples:

- Develop strategies to improve the coordination and delivery of non-medical services; e.g., social educational and vocational programs
- Analyze non-medical data related to a specific program, population, or geographic area; e.g., poverty levels, WASL scores
- Work with other agencies to improve the coordination and delivery of non-medical services

Further references:

- CMS Guide page 30 in **Section VI** of this manual

Scenario one:

Activity: Mr. Power, the high school principal, observes a need for better coordination with Juvenile Probation, Phoenix Alternative School and Martha Washington High School. Many of the students from these schools have increasing academic deficiencies. He calls the schools to set up a meeting.

Explanation: This activity is for educational purposes but is not Medicaid related so the time Mr. Power spent on this activity is recorded as Code 7a.

Narrative Optional

Scenario two:

Activity: Mr. Power reviews school data that show the majority of his low-income students are enrolled in vocational classes. The career counselor told Mr. Power that very few of those students have accessed the Career

Center. Mr. Power calls the local vocational school to coordinate a Vocational Career Fair. The fair is open to all students and their families but invitations are sent to targeted students.

Explanation: This activity is for educational purposes but is not Medicaid related so the time Mr. Power spent on this activity is recorded as Code 7a.

Narrative Optional

Code 7b – Program Planning, Policy Development and Interagency Coordination for the Delivery of Medicaid Health Services

CAUTION!

Staff whose position descriptions include program planning, policy development and interagency coordination use this code for collaborative development of strategies to improve the coordination and delivery of Medicaid health services to students; e.g., planning and developing procedures to track requests for services.

Code 7b Examples:

- Analyze Medicaid data and/or evaluate unmet needs for medical/dental/mental health services in the local community
- Increase Medicaid provider participation and improve provider relations
 - Improve the coordination and delivery of services
 - Expand access to specific populations
- Work with other agencies and/or providers to improve collaboration around early identification of medical/dental/mental problems
- Develop resources such as directories of Medicaid providers

Further references:

- CMS Guide page 31-32 in **Section VI** of this manual

Scenario one:

Activity: Mr. Power, the principal, has job duties that include coordinating community services for students. He is in the process of contacting Medicaid providers to set up a meeting. The purpose of the meeting is to coordinate services for students who are Medicaid eligible.

Explanation: Because Mr. Power's position description includes this activity and the activity is directly related to plan better coordination of Medicaid services to students, the time he spent planning and coordinating and attending the meeting is recorded as Code 7b.

Narrative Required

Example: *Planning meeting to coordinate Medicaid services*

Scenario two:

Activity: Mr. Power collects data regarding the number of students his district has assisted in accessing Medicaid. He reviews the data and finds a correlation with the students' scholastic WASL scores. This information will be used to plan additional Medicaid outreach.

Explanation: The data analysis was for a Medicaid related purpose. The time Mr. Power spent reviewing and analyzing the data is recorded as Code 7b.

Narrative Required

Example: *Reviewed Medicaid and WASL data. Plan more Medicaid outreach*

Scenario three:

Activity: The principal of Gallant Elementary School, Olivia Outreach, thinks the list of Medicaid providers they use is outdated. She begins calling medical providers in the community to find out if they will accept students/families that are covered by Medicaid. If they are not Medicaid providers, she asks if they are interested in becoming one and gives them the necessary information.

Explanation: Ms. Outreach's time spent expanding access and increasing provider participation in Medicaid is recorded as Code 7b.

Narrative Required

Example: *Researching Medicaid providers in the community*

Code 8 – TRAINING

Code 8a – Training for Non-Medicaid Related Services

Use this code when coordinating, conducting, or participating in training events regarding the benefit of non-Medicaid programs. For example, training may include how to assist families to access services of education programs and how to more effectively refer students for those services. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 8a Examples:

- Curriculum improvement
- Training which may include: asthma monitoring and smoking cessation, conflict resolution, mental illness and treatment modalities
- Poverty training
- Professional development and training on instructional, emotional, social and behavioral needs of students
- Special education or 504 training

Further references:

- CMS Guide page 32 in **Section VI** of this manual

Scenario one:

Activity: The staff at Gallant Elementary School has been active in helping students/families with filling out Medicaid applications and accessing Medicaid services. They think they would benefit from the Gem Stone poverty training that will assist staff in understanding the needs of students in poverty. The principal arranged for the training and all staff attended.

Explanation: This activity is not related to direct Medicaid services so the time spent arranging and attending the training is recorded as Code 8a.

Narrative Optional

Code 8b – Training for Medicaid Related Services

Use this code when coordinating, conducting, or participating in training events regarding the benefits of Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 8b Examples:

- Training to learn what Medicaid services are available for students/families and how to apply for coverage
- Participating in or coordinating training that improves delivery of Medicaid related services; e.g., early identification and referral for special health services like well-child exams.

Further references:

- CMS Guide page 32-33 in **Section VI** of this manual

Scenario one:

Activity: During one of the first days teachers are back at school, the district provides an in-service to all staff on the availability of Medicaid services to students/families and who the local Medicaid providers are. **Note: This day should not be purposely scheduled on a time study day.**

Explanation: All staff must be trained on this before they initially participate in the MAM program. Training on Medicaid services and advantages of well-child exams is recorded as Code 8b, but only if the training **happens** to occur on a time study day.

Narrative Required

Example: *Training on available Medicaid services*

Scenario two:

Activity: Mr. Farmer set up training for his school staff regarding well-child exams. The elementary school where he works has a very high level of students living in poverty. Through surveying parents, staff learned that the majority of their students do not have medical coverage and they'd like

more information about the benefits of enrolling in Medicaid. Training is provided by a Program Manager from HRSA and the entire school's staff attends.

CAUTION!

Explanation: Training on the benefits of the Medicaid program is recorded as Code 8b, if it **happens** to occur on a time study day. However, training on the Medicaid Administrative Match program is recorded as Code 10.

Narrative Required if Code 8b

Example: *Training on benefits of Medicaid for parent group*

Code 9 – REFERRAL, COORDINATION AND MONITORING

Code 9a – Referrals for Non-Medicaid Services

Use this code when making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid services, such as educational services. Include related paperwork, clerical support or staff travel time required to perform these activities.

Code 9a Examples:

- Referring to social, educational, vocational services and/or special education
- Making internal referrals, including:
 - Staff referral to the nurse for injury, suspected substance abuse, etc.
 - Staff referral to the administration for discipline, medical needs, scholastic concerns, etc.
 - Staff referral of a student for assessment for 504 or special education services
- Gathering information that may be required in advance of non-Medicaid related referrals
- Participating in a meeting or discussion to coordinate a student's need for scholastic, vocational, and non-health related services not covered by Medicaid

Further references:

- CMS Guide page 33 in **Section VI** of this manual

Scenario one:

Activity: Joe, a student with a history of aggressive behavior, acts out on the playground. His teacher, Mr. Calm, refers Joe to the school anger management class.

Explanation: Mr. Calm's time spent referring Joe to anger management class is an internal referral and is recorded as Code 9a.

Narrative Optional

Scenario two:

Activity: Susan, a high school student, comes to school visibly intoxicated and has exhibited other signs of substance abuse. The school nurse accompanies Susan to see Mr. Power, the principal. Mr. Power calls Susan's parents. The parents say they will take Susan to treatment provided by their insurance.

Explanation: The nurse referring Susan to the principal is an internal referral and is recorded as Code 9a.

Narrative Optional

Scenario three:

Activity: Carl Caring, the school counselor, calls Susan's parents as a follow-up to the incident described above. The parents say that Susan's treatment counselor wants information to be gathered from Susan's teachers. The treatment center is not a Medicaid provider.

Explanation: Carl's time spent gathering information to provide to the treatment center is recorded as Code 9a because the treatment center is not a Medicaid provider.

Narrative Optional

Scenario four:

Activity: Susan's parents ask Mr. Caring, the school counselor, to coordinate her appointments with the treatment counselor, after Susan returns to school. The treatment counselor is not a Medicaid provider.

Explanation: Carl's time spent coordinating Susan's counseling appointments is recorded as Code 9a because the treatment center is not a Medicaid provider.

Narrative Optional

Scenario five:

Activity: Jan's family moves to the area two weeks after school starts. When the school secretary, Ms. Simone, helps her parents fill out

registration materials, she finds that the family is low-income and has no medical coverage. She takes Jan and her parents to the school counselor and tells the counselor that Jan might be eligible for Medicaid. The counselor registers Jan for classes and helps her parents fill out a Medicaid application.

Explanation: Ms. Simone's time spent taking Jan and her family to the counselor is an internal referral and is recorded as Code 9a.

However, the time the counselor spent assisting Jan's parents with filling out the Medicaid application is recorded as Code 2b.

Narrative Optional for Code 9a

Narrative Required for Code 2b

Example: *Assisted with Medicaid application*

Scenario six:

Activity: James would like to participate on the high school basketball team this year. When the basketball coach, Mr. Sonic, realizes James has not received a sports physical yet, he refers him to a Medicaid provider to get his physical before the season begins.

Explanation: **A sports physical is an education mandate.** Coach Sonic's time spent making the referral is recorded as Code 9a.

Narrative Optional

Code 9b – Referral, Coordination, and Monitoring of Medicaid Services

Use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered, medical services (including those in an IEP).

Code 9b Examples:

- Gather any information that may be required in advance of medical/dental/mental health referrals
- Identify and refer students who may be in need of Medicaid family planning services

- Make referrals for and/or coordinate necessary medical/dental/mental health evaluations
- Make referrals for and/or schedule health screens, well-child exams, and immunizations, but NOT to include state-mandated health services; e.g., sports physicals
- Refer students and contact Medicaid providers to arrange for Medicaid medical health, mental health, or substance abuse services
- Participate in a meeting to review a student's need for Medicaid health-related services
- Provide follow-up contact to ensure the student has received the prescribed Medicaid health-related services
- Coordinate the delivery of community-based Medicaid health-related services for a student with special/severe health care needs
- Coordinate the completion of the prescribed services, termination of services, and the referral of the student to other Medicaid service providers as required to ensure continuity of care
- Provide information to other staff on the student's related medical, dental, and/or mental health services and plans
- Monitor and evaluate the Medicaid service components of an IEP
- Coordinate medical/dental/mental health service provision with Medicaid providers, as needed.

Note: Activities that are an integral part of a direct medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, and/or billing activities) are not claimable as an administrative activity and are recorded as **Code 4 – Direct Medical Services**. Targeted case management, if provided as a medical service under Medicaid, is also recorded as **Code 4**.

Activities related to **development** of an IEP are recorded as **Code 3 – School Related and Educational Activities**.

However...

Case management as an administrative activity involves facilitation of access and coordination of Medicaid services. Such activities can be **Administrative Case Management** or may also be referred to as **Referral, Coordination, and Monitoring** of Medicaid services.

Case management can also be provided as an integral part of a direct medical service and included in the service cost. Targeted case management may also be covered as an optional Medicaid service.

Use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Scenario one:

Activity: Andy received a prescription for treatment of asthma. It was given to the school nurse, Ms. Nancy, for dispensing during the school day. Ms. Nancy becomes concerned when there is only two days worth of medication left. She calls Andy's parents who tell her that they didn't order a re-fill on the medication because they no longer have private insurance. They tell Nancy that Andy is now on Medicaid. She provides the parents with a Medicaid provider list so Andy can get a new prescription.

Explanation: The time Nancy spent working with Andy's parents to obtain Medicaid services is recorded as Code 9b.

Narrative Required

Example: *Referred student/family to Medicaid provider for medication*

Scenario two:

Activity: Jack has been repeatedly referred to the principal's office for discipline. His parents were called and they met with the principal, Mr. Dibble. It was agreed that Jack should see a physician to determine if his disruptive behavior could be medically related. The Medicaid provider that Jack sees requests that Mr. Dibble gather information needed to assist with Jack's diagnosis. Mr. Dibble contacts Jack's teachers to gather the requested information.

Narrative Required

Example: *Gathered information for Medicaid provider*

Scenario three:

Activity: Sally sits near the front of the classroom but is unable to read the board. Her parents are notified by her teacher, Mr. Forest, and he assists them in making an appointment with a Medicaid provider for an eye exam. Mr. Forest gets written permission from Sally's parents before calling the provider.

Explanation: The time Mr. Forest spent contacting Sally's parents and assisting with making the appointment with the Medicaid provider is recorded as Code 9b.

Narrative Required

Example: *Referred student to Medicaid provider for vision services*

Scenario four:

Activity: Kirk falls off a swing at recess and breaks his arm. Nancy, the school nurse, calls his parents and they ask her to call the Medicaid provider to make an appointment right away. Ms. Nancy has written permission to contact the doctor. Kirk's parents pick him up and take him to the medical appointment.

Explanation: The time Nurse Nancy spends on first-aid for Kirk's broken arm and the time spent contacting his parents is "free care" and is recorded as Code 4. Any additional time she spent coordinating services with the Medicaid provider is recorded as Code 9b.

Narrative Optional for Code 4

Narrative Required for Code 9b

Example: *Made medical appointment for student's broken arm*

Scenario five:

Activity: Ms. Nancy, the school nurse, while talking to a pregnant teen at Martha Washington High School, learns that she has not made an appointment for prenatal care. Nancy assists the student with calling for an appointment with a Medicaid provider.

Explanation: Ms. Nancy's time spent assisting the student in accessing Medicaid services for prenatal care is recorded as Code 9b.

Narrative Required

Example: *Assisted pregnant student making prenatal care appointment*

Scenario six:

Activity: Mr. Huber thinks Teri is suffering from depression. He refers her to the school counselor, Carl Caring. Carl calls Teri's parents about Mr. Huber's concern. They tell Carl that Teri has Medicaid but they do not know where to go for help. Carl provides the parents with two Medicaid mental health provider names so Teri can obtain services.

Explanation: Carl's time spent assisting Teri's parents in accessing Medicaid services is recorded as Code 9b. Carl should indicate in his narrative that he spoke to a student's parents about her medical condition and gave them Medicaid provider names.

Narrative Required

Example: *Referred student/family to Medicaid mental health provider*

Scenario seven:

Activity: Ari, a new student at Martha Washington High School who is on Medicaid, has several health issues requiring a specialist's care. Ari is not on

an IEP or 504 plan. Due to language barriers and cultural differences, his parents have not been able to locate an appropriate specialist in their new community. At Ari's parents' request and with written permission, the school counselor, Carl Caring, calls Ari's previous specialist to find out what services Ari needs. Carl then calls local Medicaid specialists to find where Ari's needs can be served.

Explanation: Because the time Carl spent coordinating and assisting Ari's parents resulted in Medicaid services, his time is recorded as Code 9b. Carl should include a summary of those activities in his narrative.

Narrative Required

Example: *Learned resources and referred student/family for specialty medical care*

Scenario eight:

Activity: Flo Flexible, the physical therapist, is providing Sam with the exercises prescribed in his IEP. While working with Sam, she finds that a bone in his foot may be broken. Flo calls Sam's parents and they request that she call the Medicaid provider. Flo has Sam's parents' written permission to contact the doctor.

Explanation: The time Flo spent coordinating Medicaid services for Sam is recorded as Code 9b.

Narrative Required

Example: *Scheduled appointment for student with Medicaid provider*

Section V

Administrative Match User's Guide

Section VI

Centers for Medicare & Medicaid Services (CMS) Medicaid School-Based Administrative Claiming Guide May 2003